Congressman Todd Platts UNITED STATES SERVICE ACADEMY RECOMMENDATION FORM

To be completed by applicant's counselor, teacher, principal, employer, minister, priest or coach.

Name of applicant			
	First	Middle	Last
academies provide a col answers to these question	lege education leading ons help us select the b ent on request. Please		
1. What are the lead	ership characterist	tics of the applicant?	
2. What are the pers weaknesses)?	onality traits of app	olicant for leadership	(strengths and
3. How does the app	olicant work under	pressure?	
4. How does the app	olicant get along wi	th others?	
GENERAL COMME	NTS and/or RECO	MMENDATIONS rega	arding applicant?

Name (signature)	Date
Name (printed)	
Name of Employer	
Telephone	
Address	
Your relationship to applicant	

Please return completed recommendation before October 1, 2003, to:

Congressman Todd Platts Attn: Military Academy Applications York County District Office 2209 East Market Street York, PA 17402